



MAIL OR BRING TO:  
Miscellaneous Tax Section  
1816 West 7th Street  
P. O. Box 896 Room 2240  
Little Rock, AR 72203-0896  
Phone (501) 682-7187  
Fax (501) 682-1103  
DFA Web Site - <http://www.state.ar.us/dfa>

(FOR OPTION 1 & 2 ONLY)

**SALES AND USE TAX PAYERS ONLY**  
**MERCHANDISE VENDING OPERATORS REQUEST**  
\*(OPTION 2 REQUIRED)

Name: \_\_\_\_\_ Sales Tax Permit: \_\_\_\_\_  
DBA: \_\_\_\_\_ Sales Tax Vendors Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fed I.D.\Soc. Sec. No. \_\_\_\_\_  
City: \_\_\_\_\_ Bus. Phone: (\_\_\_\_) \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Eme. Phone: (\_\_\_\_) \_\_\_\_\_  
Business Location: \_\_\_\_\_

Number of Stamps Requested	
----------------------------	--

CHECK ONE  
NEW ORDER ☐  
  
REORDER ☐

CHARITY: ☐ (IF CHARITY IS CHECKED THEN GIVE NAMES, ADDRESSES AND PHONE NUMBERS OF CHARITIES IN COMMENTS SECTION BELOW)

\_\_\_\_\_  
(SIGNATURE OF PERSON ORDERING)

\_\_\_\_\_  
(DATE)

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MISCELLANEOUS TAX SECTION

NUMBER OF STAMPS ISSUED: \_\_\_\_\_

Certified No. \_\_\_\_\_

Date of Issuance \_\_\_\_\_ Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_